

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7			(1)			
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	2	↔	↔	↔		
TOTAL CLAIMS	7					

51	IND	DEP	IND	DEP
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53				
54				
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100				
TOTAL IND.		↔		
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				